Q1. 1.3, pg. 8, Point of Contact indicates Vendors must not communicate with any Department staff except with the procurement officer. 4.2.5.3.5 Assessment of Benefits and Impact, pg. 22, states consultation with local DHR surrounding changes is required and should be documented. Is it acceptable to talk to local DHR about proposed programming for this grant?

R1. No. Consultation with the County DHR surrounding proposed changes may be conducted post award and should be documented.

Q2. If we want to add supportive information such as a Table of Services, Organizational chart, etc. can it be added behind the section we are writing instead of it being an Appendix?

R2. Yes.

Q3. Pg. 27, Section 5 Budget - With the Match for this grant – if FOCUS staff are based at DHR can space utilization be our match? If so what procedure should we follow on this? Do we need to get statements on value and is this maintained in the local office or submitted in the grant?

R3. No. N/A. N/A.

Q4. Please clarify about Peer Reviews, SDHR reviews, etc. – what information is to be provided in the grant particularly if these have not been completed recently?

R4. Peer Reviews and SDHR reviews are not required for FOCUS. See Family Service Center - Amendment #1.

Q5. Audits are VERY lengthy and could consume a lot of the 100 pages – do we have to submit the entire 2010 audit?

R5. Include the 2010 auditor's letter and the portions of the full audit that pertain to the current center contract/program.

Q6. Can a Vendor select one or two cities/counties to perform these services.

R6. Yes, if it's feasible for the vendor.

Q7. Our agency has been able to employ a FOCUS program supervisor prior to 2008 who possesses a masters degree in criminal Justice administration. Prior to this current position, this individual's experience included 5 years as a program supervisor/manager in a clinical substance abuse program. This employee is supervised internally by a master's level licensed certified social worker. In addition, this individual has currently received on the job training in the following areas: family preservation services, permanency planning, strength-based casework management, knowledge of abusive and neglectful families, child development, partnerships collaboration, resource linkage and other related competencies. Based on these skills and qualifications and the awarding of the proposal; are we able to maintain this individual for this position by the "grandfathered" status similar to the provisions outlined for the IIHS worker in this RFP?

R7. See Amendment #1.

Q8. At this point, what are the projected recommendations for additional funding an agency will need to continue the current level of the FOCUS services in the upcoming future?

R8. This is a post procurement decision.

Q9. If a FOCUS program has a qualified individual to provide therapy and it is determined by the ISP that therapy is a needed, will that service be Medicaid billable?

R9. Therapists used by the family may or may not be part of the vendor staff. The role of the therapist is to work on goals outlined in the ISP. DHR will review reports to look at goal completion and concentrate on any mental health issues or observances of the therapist. Medicaid billing is not part of this program.

Q10. Page 16, Section 3.1 – "The methodology must be based on a nationally recognized, evidenced based model of in-home service delivery that is expected to achieve a high rate of success in maintaining intact families."
QUESTION: Does the vendor need to provide certified, complete fidelity adherence to the model chosen? Or can evidence based strategies or informed modifications be used?
QUESTION: Can the model be in an in-home parent education model?

R10. Supplemental curriculums/models and modifications must be limited as suggested by curriculums/models. Selected models must be nationally recognized, evidenced -based curriculums for in-home service delivery. All models are expected to achieve a high rate of success in maintaining intact families.

Q11. Page 16, Section 3.1.4, "Required Staff and Their Qualifications" lists three positions: Supervisors, Therapists and Family Support Workers.
QUESTION: Are vendors expected to hire and utilize all three positions within their program?
QUESTION: How does the staffing model work with the three positions? The supervisor can supervise up to 4 Family Support Workers. What about the therapist positions? Are those supervised separately? If workers carry 4-6 family caseloads, what is the expectation of the Therapist caseload?
QUESTION: Therapy is not a required service, what is the role of the therapist?

R11. No. Only family care workers have ratio to supervisor. See R9.

Q12. Page 18, Section 3.1.13 – "FOCUS Programs must provide no less than ninety (90) days of aftercare, post discharge."
QUESTION: What does "aftercare" entail? What is the specific expectation(s) of vendors from DHR for aftercare?

R12. Aftercare is a 90 day period, after discharge, where the vendor follows up with the family and deals with any crises that arise. Aftercare is not part of the caseload. Aftercare is provided to discharged cases and discharged cases are not part of the case load.

Q13. Page 18, Section 3.2- "The IIHS agency is required to obtain a copy of the Comprehensive Family Assessment/Intake Evaluation form and an ISP from the referring county DHR office"
QUESTION: Does DHR want vendors to perform other assessments? Can vendors provider other assessments?

R13. No.

Q14. Page 18, Section 3.1.15- "Proposals should describe how training needs will the connected to the model that will be used by the program"
QUESTION: Does training have to done by a certified trainer?

R14. Training should comply with what your chosen model dictates.

Q15. Page 20- "The IIHS agency is responsible for recruiting candidates for various positions that are part of the contract and for coordinating with DHR on the suitability of various candidates"
QUESTION: What does "coordinating" with DHR entail?

R15. State DHR must be informed of potential staff candidates and assured that all necessary clearances and background checks have been conducted.

Q16. Page 21 "Outcome measures will be administrated every 90 days"
QUESTION: What does this include?

R16. Curriculums are expected to yield specific outcomes. Outcomes must yield the desired results of this procurement. Most curriculums/models include assessment tools to measure outcomes.

Q17. Page 27 "It would be advisable for contracting entities to begin work toward securing alternatives funding sources as soon as possible. Funding may be reduced prior to the start of the Oct. 1, 2012 contract based availability funds"
QUESTION: If this happens, would the contract be negotiated?

R17. This is a post procurement decision.

Q18. PROJECT OVERVIEW, 1.0, p.7
This section states that the vendor selected to serve the Northwest Alabama region may be required to work out of the Madison County DHR office.
Question: How do you anticipate families in counties not contiguous to Madison being served if staff who serve those areas are housed in Madison county DHR?

R18. This is a post procurement discussion.

Q19. PROMPTNESS OF RESPONSE TO REFERRALS, 3.1.6, p. 17
The RFP states that FOCUS staff are required to contact families face-to-face within 24 hours (immediately if an emergency) from the time of the referral, to conduct the initial assessment of family needs and strengths. It also states, that if the referral is not an emergency, the FOCUS vendor should request an ISP prior to initiating services to gain a clear understanding of the desired outcomes expected by the Department. Based on our experience, the DHR referring worker will have a very difficult time scheduling and completing an ISP within 24 hours of the referral.
Question: Are staff required to contact families face-to-face within 24 hours if the ISP has not been completed?
Question: Can a face-to-face occur within 24 hours if the ISP has not been completed?
Question: Are all cases other than emergencies required to have an ISP before face-to-face contact is made?
Question: Is the DHR referring worker required to attend the initial face-to-face visit?
Question: If an ISP cannot be held immediately (within 24 hours of referral), how much time should be allotted to complete the ISP before declining the referral?

R19. Yes. Yes. ISPs should be held before services begin, but are not required prior to contact for emergency referrals. Contact is expected within 24 hours for emergency referrals. Contact is expected to occur within 48 hours on standard referrals, not to exceed 4 business days. The DHR workers should attend the initial face to face visit.

Q20. LENGTH OF INTERVENTION, 3.1.9, p.18
In this section it states that generally, it will be expected that cases will not exceed 3-4 months, however, if an extension is needed to fully stabilize the family to achieve permanency for the child(ren), SDHR may grant an extension at the request of the county DHR.
Question: Can an extension be granted for more than 1 month?
Question: Is there a limit to the amount of months a case can be extended?

R20. Yes, an extension may be granted for more than one month based on the documentation of the request. Case will be reviewed and decisions made individually.

Q21. CORE SERVICES, 3.2 p.18
These sections states: Copies of the intake evaluation or comprehensive family assessment, with adequate information with intake evaluation purposes, and ***an ISP must be provided*** *to IIHS agencies within 10 days.*
Question: Does this statement mean that a new ISP must be completed with the IIHS agency involved within 10 days of case opening **or** does it mean that a copy of the ISP document, where the IIHS agency was involved in the planning, be provided to the vendor within 10 days of case opening?

R21. It means that a copy of the ISP document, where the IIHS agency was involved in the planning will be provided to the vendor within 10 days of case opening.

Q22. DUNS NUMBER, 1.5.6, p. 9
Vendors must obtain a Dun & Bradstreet for each physical location of your business.
Question: If we are proposing services in multiple locations within a region (i.e. Mobile, Atmore, Chatom) and have satellite offices in these locations, is a DUNS number required for each separate office location?

R22. No.

Q23. AFTERCARE, 4.2.5.3.4, p.24
Are there any expected outcomes for Aftercare?

R23. See R12.

Q24. Section 1 Page 7 Project Overview
If we bid for more than one area, do we need to submit separate RFP responses or may we bid for two or more areas in a single response?

R24. Yes.

Q25. Section 5 Page 27 Budget
If we bid for more than one area, does a single consolidated budget, broken out for each year, suffice?

R25. No. Separate budgets must be submitted for each area, for each year.

Q26. Appendix B Page 31 Taxpayer ID
Where in the proposal do we insert the Appendix B: Taxpayer Identification Number Form?

R26. See Section 4.2.3 Legal Status Form/CP575 or Taxpayer Identification Number of the RFP document.